# **EXHIBIT Q**



Andrew M. Cuomo Governor Benjamin M. Lawsky Superintendent

September 12, 2014

Arnold W. Frank 10873 Northgreen Drive Wellington, Fl. 33449

Re: FOIL Request No. 14-126: Exeter Holding Ltd. Final Volume of Operations Report - 2009.

This is in response to your above-referenced-request for information-made to New York-State-Department of-Financial Services ("the Department") under New York's Freedom of Information Law (New York Public Officers Law ("POL") §87). As to the records you requested, please be advised that:

Х	The Department is providing all of the records without redactions or deletions								
	The Department does not have any of the records.								
	The Department is not providing the records in its possession which are responsive to your request for the reason(s) indicated below.								
		epartment is providing only certain records. n(s) indicated below.	Please note	, rec	ords were redacted and/or deleted for the				
	1.	Exempt from disclosure by State or Federal statute POL 87(2) (a)  a. Examination/Investigatory material exempt under BL 36(10)		4.	Trade secrets or submitted to an agency by, or derived from information obtained by, a commercial enterprise, which if disclosed would cause substantial injury to the competitive position of the enterprise POL 87(2) (d)				
	2.	b. Other Unwarranted invasion of personal privacy		5.	Compiled for law enforcement purposes which, if disclosed, would cause one or more of the harms POL 87(2) (e) (i)-(iv)				
and the state of t	3.	POL 87(2) (b)  Impairment of contract awards negotiations POL 87(2) (c)		<ul><li>6.</li><li>7.</li></ul>	Endanger life or safety POL 87(2) (f) Inter-agency/intra-agency materials which				
					are not described in POL 87(2) (g) (i)-(iv)				

Any decision of the Department not to disclose records based on the section(s) of law specified above may be appealed to the Deputy Superintendent and Counsel, in writing, within 30 days pursuant to New York Public Officers Law § 89. If you have any questions, please contact Harold Frye, Administrative Assistant, at (212) 709-1656 or by fax at (212) 709-1655.

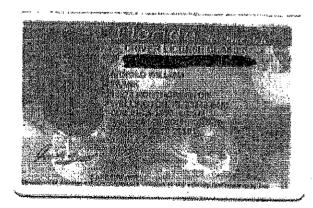
Sincerely,

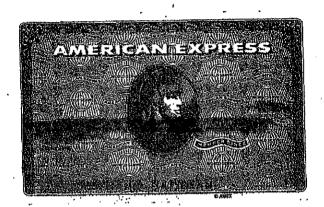
Christine R. Cardi Assistant Counsel

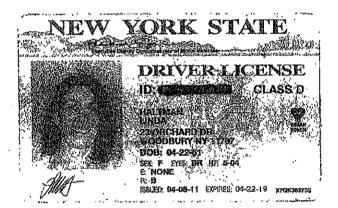
ChoxXCal

Arnold Frank 10873 Northgreen Drive Wellington, FL 33449

Dad, I need to get the last Volume of Operations Report from the New York State Banking department, but they will only give it to you. Can you send an email to <a href="mailto:Herold,Frye@dis.ny.gov">Herold,Frye@dis.ny.gov</a> with a copy of your driver's license and have him send the report to you. You can reference the following: Freedom of Information Law ("FOIL") Request No. 14-126: Copy of last volume of operations report filed with banking dept. for Exeter Holding Ltd. #1574. Thanks Linda







BANKING DEPARTMENT

Licensed Mortgage Banker Volume of Operations Report 2009

Check Mr. or Ms., as appropriate  Cilin  For items A-3 1 through A-5, Pr	orporate Website HEAD OF ORGA Mr. Ms. Arnold V First Name Chairman dividual's Title in hone Number OVERALL CON	LTD. iness  ke., Suite Main License Main Lic	205	Clty	S	Y late I III III	ter Number (see cover letter)  11753 Zip Code
Check Mr. or Ms., as appropriate  Colling  For Items A-3 through A-5, Pr	agal Name of Bus  31 Jericho Tpl  dimary Address (M  imary Phone Nur  orporate Website  HEAD OF ORGA  Mr.  Ms. Amold V  First Name  chairman  dividual's Title in  hone Number  OVERALL CON	iness  Ke., Suite  Idain License  Id	ed Location)  Ext.	City	SI (SI) (SI) Primary Fax Number	ate	Zlp Code
Check Mr. or Ms., as appropriate  Colling  For items A-3 through A-5, Pr	31 Jericho Tpl dmary Address (M dimary Address (M dimary Phone Nur orporate Website HEAD OF ORGA Mr. Ms. Arnold V First Name chairman dividual's Title in hone Number OVERALL CON	Address ANIZATION Company	ed Location)  Ext.	City	SI (SI) (SI) Primary Fax Number	ate	Zlp Code
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Ms., as appropriate  Ci Inc  Ph  For Items A-3 3. through A-5, Pr	Mr.  Ms. Amold V First Name chairman dividual's Title in hone Number OVERALL CON	V. Company	оступна и при при при при при при при при при п		Logne@Eveterh	wild Alexandrica with the second of the seco	
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	rovide the followir eneral Benkind De	ig informatio	on for an Overall Co usiness and Indulri	ontact. The Over es and to receive	all Contact must nave all Department mail.	the authority	and ability to coordinate
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from primary business	M <sub>s. Linda</sub>			Haltman			DA ASTRONOMY TO A STATE OF THE
address in	First Name	3	Middle Name	Last Name			
A-1, above	resident/Owne	ər			Lindah@exeterh	olding.com	
Inc	dividuai's Title in	Company			E-mail Address		
	<u></u>	····			* * * * * * * * * * * * * * * * * * *	<u>ull</u>	
Ad	ddress			City		tate	Zip Code
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lf v	BILLING CONTA you choose to de e Billing Contact I	signate a se	DNAL) eparate Billing Cont as the Overall Cor	tact to receive bil stact.	is, provide the followin	ng information.	Do not complete this Item if
	] Mr.						
		glaggyagiyyik halipi wirand sahana biban sam				<del></del>	- dad wires day voice
	First Name	<del>)</del>	Middle Name	Last Name			
Înc	dividual's Title In	Company			E-mail Address	ı əlt	
	al al man an an			City		ull tate	Zip Code
	ddress		for many				
,	<b>國國國)國</b> hone Number	<b>談上職員</b>	影 III III Ext. III		(麗國語) 麗麗 Fax Number		語器 Ext. 國語 器 器
5. If <u>y</u>	EXAMINATION (	signate a se	eparate Examinatio		rdinate examinations I Is the same as the Ov		nent, provide the following
г-	] мг.						
	лм. Лмs. Linda			Haltman			
<u> </u>	First Name	<del></del>	Middle Name	Last Name	arrigant manifester de la constitución de la consti		and the state of t
en.					Evotorholding	anl com	
	resident Idividual's Title in	Company	A STATE OF THE STA	· · · · · · · · · · · · · · · · · · ·	Exeterholding@: E-mail Address	aui,cuiii	(Annual Mark Programmy)
11.0	THE PROPERTY OF THE PARTY OF THE	a wiidsmith				ull	
hadras A a	ddress		***************************************	City	**************************************	tate	Zlp Code

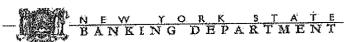
### B.GENER

ALBUSINESS	INFORMAT	FION							
I. ALTERNATE BUSINESS									
For the reported calendar y and other names under whi New York State.	ear, provide a list of ch the Licensee con	all names (ott ducted mortg	her than w age busins	hat is fisted i ess on 1 - 4 f	n Item A-1 amily, own	), includir er-occup	ng d/b/a, ass ied, resident	umed, ficti ilai properti	tlous, ies in
			· <del>en-en-en-jelmed hill</del> l	yyyyyy — — — — — — — — — — — — — — — —	***************************************	· <u>········</u>		<u> </u>	
2. OFFICES									
For the reported calendar y conducted mortgage busin phone number, date of birth	ess on 1 - 4 family, c	wner-occubie	ed, residen	itial propertie	s in New Y	ork State	. Also provi	de the tuil i	see name,
Address		City		Sta	ite	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Zip Code		
□ Mr.		,			.,,				
Ms.	Person in Charge (Fi	Irst Name, Mic	ddle Name	, Last Name	)	RECEIVED BELOOM: 41570		theirest landing to the pro-	
Date of Birth (mm-dd-yyyy)	•	Ce Phone Nun			Ext				
3. GENERAL INFORMATIO		of michigan							
What is the Registrant's pro	esent legal business  Partnership	Structure /	ration	☐ rrc	☐ Se	rles LLC			
Has this structure changed	since the previously	reported cale	endar year	?			O YES	🕦 ио	
is the Licensee a publicly tr	aded company?						O YES	🕙 NO	
Is 10% or more of the Licer	nsee awned, either d	irectly or indi	rectly, by a	publicly trac	ded compa	пу?	() YES	⊚ ио	
Is the Licensee a HUD-app	roved FHA Lender (	Full-Eagle)?					O YES	⊙ №	
ls the Licensee a HUD-app	roved FHA Loan Co	rrespondent (	Mini-Eagle	∍)?			() YES	NO	
Does the Licensee allow W	/eb-based loan appli	cations?					O YES	<ol> <li>No</li> </ol>	
Does the Licensee offer re	verse mortgage loan	ıs to New Yori	k State res	sidents?			O YES	ОМ 🦁	
* If Yes, indicate the revers	e mortgage progran	n(s) offered:							
NYS HUD/F	IECM [] F	NMA	Othe	r (provide na	ame)				



### C, OWNERSHIP INFORMATION

I. OVVINERSHIP BY OTHER BUSINESS E		S. Loren		
Is the Licensee owned wholly or in part by	Į,	YES 🐧 NO		
If No, skip to item C-2. If Yes, provide the fo	•			
			<b>羅羅羅%</b>	
Name of Business Entity	***************************************	en enem militera verken vir förskriben verka vikur bibrisk	Percentage of 0	Ownership
Street Address	City		State	Zlp Code
				•
Phone Number	E-mail Ad	dress		**************************************
2. OWNERSHIP BY INDIVIDUALS				
Is the Licensee owned wholly or in part by o	one or more indivi	duals?	to pertugui papamento a transcripto antine e a come con conservante mente.	YES ONO
If No, skip to item D-1. If Yes, provide the fo	ollowing information	on for each individual.		
☑ Mr.				
☐ Ms. Arnold W.		Frank		IWW %
First Name	Middle Name	Last Name	Markital Annie Complete Comple	ercentage of Ownership
Chairman				
Individual's Title in Company			Home Phor	•
46 lvy Drive		Jericho	NY	11753
Home Address		City	State	Zip Code
OF -22 55 - 35 55 50 Date of Birth (mm-dd-vyyy)	manjain artimis	Security Number		



Date of Birth (mm-dd-yyyy)

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### D. DIRECTOR AND OFFICER INFORMATION

1. DIRE	CTORS e Licensee have any direc	tors?			① YES	O NO
If No, sk	tip to Item D-2. If Yes, prov	de the following informa	tion for all director	rs.		
☑ Mr. □ Ms.	Arnold W. First Name	Middle Name	Frank Last Name	and the state of t		
Chairr Individu	nan al's Title in Company		and the state of t	(S)		
46 lv <u>y</u>	Drive		Jericho	NY	1175	3
Home A	()	44.4	Clty	State	Zip Co	de
Nichards Wilder	22 55 - 56 56 50 50 Birth (mm-dd-yyyy)	Social Secu	irity Number		en ger ander stransformerer here stransfor	region (gan and an order of the control of the cont
□ Мг.						
☑ Ms.	Sondra	essential and desired a second and desired	Frank			
	First Name	Middle Name	Last Name	Annual Charles	nierowa waneka distaw	obsessed industria stratura primerios
Secre		· · · · · · · · · · · · · · · · · · ·			) <b>1913 III</b> -	<b>74 9 9</b>
Individu	al's Title in Company			Home Phone		•
46 lvy	Drive	The state of the s	Jericho	NY	1175	Ord CHIMAN AMERICAN AND MANAGEMENT AND A PARTY OF THE PAR
Home A	\ddress		City	State	Zip Co	006
heritary in the in-	-00 10 - 01 10 181 141 Birth (mm-dd-yyyy)	paying a province of	多疆-医髓 urlty Number			
How ma	UTIVE OFFICERS ny executive officers does	the Licensee have?	<b>(</b> ) 0	O1 O2	③ 3 or Mo	
informati	ensee has no executive of ion for each officer, if the L ost senior executive officer	lcensee has 3 or more e	f the Licensee ha recutive officers, p	s 1 or 2 executive offic provide the following in	ers, provide the formation for t	e following he Elcensee's
☑ Mr.				<b>-</b> .		
☐ Ms.	Arnold W.	anner 21. h		Frank		the fact of the state of the st
	First Name	Middle Name		Last Name		constitut provincia dell'Arter
Chairm				(愛麗麗) 🖺		1 9 9
Individua	al's Title in Company			Home Phone No	ımber	
46 lvv	Drive		Jericho	NY	117	<b>'53</b>
Home A		A CONTRACTOR OF THE CONTRACTOR	Clty	State	Zip	Code
WII-	26-1050		-			
Date of	Bìrth (mm-dd-yyyy)	Social Sec	urity Number			
☐ Mr.				•		•
₩s.	Linda	4		Haltman	(	MANAGAN SANSON SANS
.— IV15.	First Name	Middle Name		Last Name		
Presid	ent	·			9 <b>10</b> 17 - 12	181 22 144
	el's Title in Company		Wywww.www.damida.co.co.	Home Phone N		
			Jericho	NY		797
Home A	chard Drive ddress	\$\$\rm\$\rm\$\rm\$\rm\$\rm\$\rm\$\rm\$\rm\$\rm\$\r	City	State		Code
	-22 921 - 871 991 861 871		-#: # -# <b>#</b>			

Social Security Number

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W Ms. Sondra		F	Frank		
Ms. Sondra First Name	Middle Name	L.	ast Name		
Secretary Individual's Title in Company		4	(Simile) DESI	<b>4-24 11 19 19</b>	
46 lvy Drive	Jeri	cho	NY	11753	
Home Address	City		State	Zip Code	
Date of Birth (mm-dd-yyyy)	Social Security Nu		DESCRIPTION		

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E. UTHER INFORMATION REGARDING 3540 IVIDUALS

anyone who receives a W-2 form; independent contractors include anyone who receives a 1099 form from the Licensee

### Employees Include 1, TOTAL NUMBER OF INDIVIDUALS

For the reported calendar year, state the total number of individuals who had any direct dealing (including soliciting, processing, placing, negotiating and/or lending) with mortgage loan applications for 1 - 4 family, owner-occupied, residential properties in New York State. Include owners, partners, stockholders with 10% or more voting stock in the Licensee, directors, agents, employees, independent contractors, consultants, and any other person(s) having a relationship with the Licensee similar to that of a consultant, regardless of where they live or work.

Total Number of Individuals Associated with the Licensee =

If another person
has been
designated the
Qualifier since
licensure, provide
the name of that
person

	1 4144				1224	as tempton controls. A parameter and a property					
If another person has been designated the Qualifier since licensure, provide the name of that	2. QUALIFIER INFORMATION  Provide the full name and title of the Licensee's Qualifier. The Qualifier is the person who, at the time of licensure, was deemed to have met the minimum business experience requirements under Part 410.1(c) of the Superintendent's Regulations.										
person	☑ Mr.				,	<b></b> 1-					
	Ш Ms.	Arnold W.	ookmining / With triving (CV) (CV)	Middle Name		Frank _ast Name	<del>,</del>				
	Oh whom	Qualifler First Na	ne	Middle Maille	,	_ast Name					
	Chairr Qualifie	ਮਿਲਮ r's Title in Compen	у		++	markey) and an all and an area					
	3. CRIM	IINAL BACKGROU	IND CHECKS FOR	DETERMINING	FELONY	CONVICTIONS					
, , , , , , , , , , , , , , , , , ,	employe	e Licensee conduc ees, independent c insee similar to tha	ontractors, consult	und checks for de ants, new owners	tennining , new par	the felony convictions tners, and any other pe	of its directors, o ersons having a re YES	lationship with			
	If Yes, h	now often are these	criminal backgrou	nd checks condu	cted?						
	☑ At t	ime of hire only	Quarterly	Semi-a	annually	Yearly	☐ Bi-ann	ually			
	a. Has a agent, a	/IDUALS WITH FE a convicted felon se employee, independ y time since?	arved as owner, pa	rtner stockholder	with 10% other role	or more of voting stoc a at or with the License	ck in the Licensee te during the repo	rted celendar year			
	1. If No, skip to Item F-1. If Yes, provide the following details on each individual.										
	☐ Mr. ☐ Ms.							_			
		First Name	-	Middle Name	3	Last Nam	е				
	Individu	al's Title in Compa	ny (if applicable)			A STATE OF THE STA					
	MM.	MA-SEE				源-通酬					
	Date of Birth (mm-dd-yyyy) Social Security Number										
	Relationship with Licensee/Job Responsibilities										
		·12 12 - 12 12 1		÷		-#B-BWE					
	Date of	Date of Hire (mm-dd-yyyy)									
	b. State the crime committed, case number, court in which the case was adjudicated, and date of conviction:										
	Crime C	Committed			Case N	umber		e-service and defendable			
						-22 25 - 25 25 25 25					
	Court in Which Case Was Adjudicated Date of Conviction (mm-dd-yyyy)						уу)				
	c. Has the Banking Department been officially notified about the employment of this felon?						O YES	O NO			
		If Yes, has the Lice proving the License				ng Department	() YES	Q NO			
	d. Has t	he individual obtali	ned a Certificate of	Relief from Disat	ilities?		O YES	O NO			
	1. If Yes, has the Certificate of Relief been provided to the Banking Department?						() YES	O NO*			

Date of Regulatory Action (mm-dd-yyyy)

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### F.LITIGA

TION, BANKRUPTCY, AND REGULATORY ACTIONS		
1. LITIGATION		
is the Licensee involved in any financial services-related litigation?	O YES	(£) NO
If Yes, provide the caption (name of case), index number, and court name for each case. You must from legal counsel on whether the legal action materially impacts the Licensee's financial condition obligations. (If this report is being submitted electronically, mail the signed statement to: ATTN: MB Banking Department, One State Street, New York, NY 10004-1417.)	and/or ability to meet	t .
Caption (Name of Case)		
Index Number of Case		
Court Name	and the second s	
2. BANKRUPTCY		
in the reported calendar year or at any time since, has the Licensee or any of its owners, partners, of voting stock in the Licensee, directors, or officers filed for bankruptcy?	stockholders with 10 <sup>o</sup>	% or more NO
If Yes, state the entity or individual filing for bankruptcy, the type of bankruptcy, and the date of filin	g.	
Entity or Individual Filing for Bankruptcy		
Type of Bankruptcy		
Date of Bankruptcy Filing (mm-dd-yyyy)		•
3. REGULATORY ACTIONS		
In the reported calendar year or at any time since, has any state, federal, or foreign regulatory authovoked, or restricted the authorization to conduct a financial services-related business by License stockholders with 10% or more of voting stock in the Licensee, directors, or officers?	e or any of its owners	, partners,
If Yes, provide the following information for each regulatory action.	O YES	(C) NO
Name of Regulatory Authority		÷
Type of Regulatory Action		
Entity or Individual Subject to the Regulatory Action		
Amount of Fine (If applicable)		

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### G. THIRD-PARTY RELATIONSHIPS

### 1. REAL ESTATE APPRAISERS

Licensee year.	and the Licensee's mortgage app	ficants in connect	on with the New Y	ork application	is and loans in the	reported calendar
		og yangsayakka sa unukansak mayaanaa (dakkanaanaa da mayaanaa	(電纜攤)	###-	图题图题 Ext.	
Name of (	Company (If applicable)		Phone Numb	er		•
Address		rene antenire agail, a dand done d. d. dad. b.	City	State	Zip	Code
☐ Mr.						
□ Ms		101D No.		h		· he a frame Contact of the contact
P	Appraiser First Name	Middle Name		Last Name		
			/#####\		图题 题 Ext.	
Name of (	Company (If applicable)		Phone Numb		DI CHE HER RESULTANT	AND EASTER SHARE SEALED MEANS
	, ,		Ludia iamu	OI.		
Address			-City	State	Zlp	Code
☐ Mr.						
□ мѕ	ayay waxayay ya magan Magaliy 2000 ilidii ilid dhina 2000 ah an ah 1880 ilidh	HANNES ANN THE SECOND STATE OF		. A		and the substitute of the subs
P	Appraiser First Name	Middle Name		Last Name		
			/ 阿藤 藤原 軽減 \			
Name of (	Company (If applicable)		,		Ext.	
, , , , , , , , , , , , , , , , , , , ,			Phone Numb	er		
Address	的种种类似的 And And And Annie General Control of the Mark Photo In the Palabolish And Control (And Anderson Control Contro	The state of the s	City	State	Zip	Code
☐ Mr.		•				
□ Ms	address of the same and the sam		~*************************************	************		- Nypton an arana a sain a
Α	Appraiser First Name	Middle Name		Last Name		
2. TITLE	INSURANCE AGENCIES					
	information for the three title insur e's mortgage applicants in connec					
			/ THE LINE WAS			
Name of				•	製物	
			Findle Main	ue:		
Address	and the state of t	rapide for the second s	City	State	Z	p Code
☐ Mr.						
Ms.						
	Contact Person First Name	Middle Name	La	st Name	Commence on the Commence of Street Laboratory and Commence of Street Labor	
				) 翻翻图-	Ext	<b>医型胚型</b>
Name of	Agency		Phone Num			
Address			City	State	**************************************	ip Code
Prom.			Oity	Sialis	4.	ih Anda
L Mr.						
LJ Ms.	Contact Person First Name	Middle Name	Las	at Name	**************************************	

Provide information for the three real estate appraisal companies/appraisers that obtained the largest number of payments from the

Case 2:1	3-cv-	-05475-JS-AKT	Document 128- 35	-21 Filed 04/27/15 13	5 Page 13 of 2	2 PageID #
	☐ Mr. ☐ Ms.					***************************************
	ŧ	Contact Person First Nar	me Middle Name	Last Name		
			•			
٠						
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graphisphalis is small a first facilities adque som				ade e de cale per de controllado antes e com com clama de como de antes e de cale compressi Padrometa Placta,	er en	etronia vita von sampleboditi more vita von samp

Important: Report actual whole dollar amounts in Parts H and I. Your report may be deemed incomplete if you fail to use actual whole dollar amounts. (Example: Seven million and twelve dollars and fifty-three cents must be stated as \$7,000,013.)

### H. APPLICATION AND LOAN INFORMATION

You must use one accounting basis consistently throughout Part H 1. ACCOUNTING BASIS

Under what accounting basis are questions in Part H being answered? Mark only one box.

(Accrual Basis

Cash Basis

### 2. FIRST LIEN LOANS CLOSED ON PROPERTIES LOCATED IN NEW YORK STATE

Provide information for first lien mortgage loans closed by the Licensee as the lender on record during the reported calendar year for 1-4 family, owner-occupied, residential properties located in New York State, regardless of when, where, or how the application was taken. These numbers and amounts cannot be greater than the respective numbers and amounts reported for the entire U.S. (Item H-3),

	Number of Loans for New York State	Dollar Amount of Loans for New York State
VA (do not include High Cost Home Loans)		\$200,200,200,200,200,200,200,200,200,200
FHA (do not include High Cost Home Loans)	<b>66 (58 (6)</b>	\$### , <b>###</b> , ### , ### DI
Conventional (do not include High Cost Home Loans)		\$\$\$\$\$,\$\$\$\$,\$\$\$\$,\$\$\$\$
High Cost Home Loans		\$課課課,選課課,獨選選,選擇可
Total		\$饕餮飘,整彩腾,潮潋彩,翠绿竹

### 3, FIRST LIEN LOANS CLOSED ON PROPERTIES IN THE U.S. (INCLUDING NEW YORK STATE)

Provide information for first lien mortgage loans closed by the Licensee as the lender on record during the reported calendar year for 1-4 family, owner-occupied, residential properties located anywhere in the United States, regardless of when, where, or how the application was taken. Note: The amounts reported here are for properties in all 50 States, including New York. Therefore, these numbers and amounts cannot be less than the respective numbers and amounts reported for New York State along (Item H-2).

	Number of Loans for United States	Dollar Amount of Loans for United States
VA (do not include High Cost Home Loans)		\$超越着,超越摆,超强慢,超过20
FHA (do not include High Cost Home Loans)		\$四聲聽,想問題,知思問,惡問節
Conventional (do not include High Cost Home Loans)		\$聽選醒,選擇隊,類類腦,數類類
High Cost Home Loans		\$延迟睡,逐步睡,强强胆,脱聚的
Total		\$ ## ## ## ## ## ## ## ## ## ## ## ## ##

### 4. JUNIOR LIEN LOANS CLOSED ON PROPERTIES LOCATED IN NEW YORK STATE

Provide information for junior lien mortgage loans closed by the Licensee as the lender on record during the reported calendar year for 1-4 family, owner-occupied, residential properties located in New York State, regardless of when, where, or how the application was taken. These numbers and amounts cannot be greater than the respective numbers and amounts reported for the entire U.S. (Item H-5).

	Number of Loans for New York State	Dollar Amount of Loans for New York State	
Open Ended (do not include High Cost Home Loans)		\$單稱性,輕極經,應虧經,緩緩短	
Closed Ended (do not include High Cost Home Loans)		\$羅題題,語畫戀,語譯到,整體如	
High Cost Home Loans		\$顯顯顯,觀顯瞳,點點顯,變類與	
Total		\$影響幾,點點團,點點變,與雷勒	

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### 5. JUNIOR LIEN LOANS CLOSED ON PROPERTIES IN THE U.S. (INCLUDING NEW YORK STATE)

Provide information for junior lien mortgage loans closed by the Licensee as the lender on record during the reported calendar year for 1-4 family, owner-occupied, residential properties located anywhere in the United States, regardless of when, where, or how the application was taken. Note: The amounts reported here are for properties in all 50 states, including New York. Therefore, these numbers and amounts cannot be less than the respective numbers and amounts reported for New York State alone (Item H-4).

	Number of Loans for United States	Dollar Amount of Loans for United States
Open Ended (do not include High Cost Home Loans)		\$顯潔麗,耀麗麗,顯潔觀,顯潔而
Closed Ended (do not include High Cost Home Loans)	MMM, WMD	\$類稱數,類類整,整體態,經濟數
High Cost Home Loans		\$羅羅朝,爾羅羅,羅羅羅,羅羅亞
Total		\$顯麗麗,蹈驅舞,響縣德,經顯短

### 6. MORTGAGE APPLICATIONS BROKERED

For the reported calender year, provide information on any and all mortgage loan applications brokered by the Licensee to other lenders or brokers for 1-4 family, owner-occupied, residential properties located in New York State, regardless of when, where, or how the application was taken and regardless of the final decision on the application. Do not include loans closed by the Licensee as the lender on record (i.e., do not include the loans reported in Items H-2 through H-5, above). Also do not include mortgage applications processed for other entities (i.e., do not include the applications reported in Item H-7, below).

	Number Applied for In New York State	Dollar Amount Applied for In New York State
High Cost Flome Loan Applications		\$四日期,四日期,二日日日
Other Mortgage Loan Applications		\$福陽觀,擬樂縣,髮爛髮,髮微如
Total		\$想黑壓,雞雞腳,黑壓壓,整裝到

### 7, MORTGAGE APPLICATIONS PROCESSED

For the reported calender year, provide information on any and all mortgage loan applications processed by the Licensee on behalf of other entities, for 1-4 family, owner-occupied, residential properties located in New York State, regardless of the final decision on the application. Include only applications for which you functioned solely as a back office processor for another entity. Do not include loans closed by the Licensee as the lender on record (i.e., do not include the loans reported in Items H-2 through H-5, above). Also do not include mortgage applications brokered (i.e., do not include the applications reported in Item H-6, above).

	Number Applied for in New York State	Dollar Amount Applied for in New York State
High Cost Home Loan Applications		\$羅麗麗,麗麗麗,麗麗麗,整題數
Other Mortgage Loan Applications	MEN, DEE	\$靉鬱顯,躑躅鹽,趨麵鹽
Total		

### 8. REVENUE EARNED

For the reported calendar year, provide information on any revenue earned in connection with mortgage loans closed, applications brokered, and applications processed for 1 - 4 family, owner-occupied, residential properties located in New York State. Do not include the income reported in Item II-9, below.

(i) Total Points Paid to Licensee by Borrowers	\$	<b>, 188</b>	黑鼬	, 2	ZO.
(ii) Total Points Paid to Licensee by Lenders, Including Yield Spread Premiums	\$	, <b>S</b>		, 📖	讃苡
(iii) Other Earnings (include interest income and application and processing fees, but not points reported in [i] and [li], above)	\$	, 1991		, 🗐	
(iv) Total New York-Related Gross Revenue	\$	, Mi		<b>,</b> (88)	

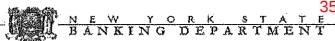
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### 9. SUPPLEMENTAL INCOME INFORMATION

For the reported calendar year, provide information on the following income related to 1 - 4 family, owner-occupied, residential properties located in New York State.

Earnings from the Secondary Market \$ 22 22 , 22 22 (i.e., service release premiums and gain on sale)

Points and Fees Collected and Passed Through \$ to (a) a third-party mortgage loan service provider, such as a credit report provider, appraiser, or attorney, or (b) another licensed mortgage banker, registered broker, or exempt institution (such as a commercial bank)



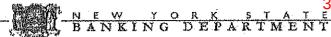
Important: Report actual whole dollar amounts in Parts H and I. Your report may be deemed incomplete if you fail to use actual whole dollar amounts, (Example: Seven million and twelve dollars and fifty-three cents must be stated as \$7,000,013.)

### I.LOANS SERVICED

### 1. MORTGAGE LOANS SERVICED

In the reported calendar year, did the Licensee service mortgage loans for other entities secured by 1 - 4 family, owner-occupied, residential properties located in New York State?

residential properties located in New York	State?		
		O YES	Ø NO
If Yes, provide the following information for owner-occupied, residential properties loc each such entity as of the end of the report	ated in New York State.		
Name of Entity	·		题题 Ext. 證 器 翻 题 题
Д мг.		hone Number	
Contact Person First Name	Middle Name	Last Name	The second law for the second la
Contact Person's Title in Company	nada a dada a maranda arang samagan ay jamaya (a garang da jamaya ya jamaya jamaya jamaya jamaya ya gaya ya ga L	errich bezingen der	
Address	City	State	Zip Code
		<b>\$ 358 258 188 , 158 8</b> 8	
Total Number of Loans Serviced		Total Outstanding Pr	,



### J.IDENTIFICATION NUMBERS

Be sure to state 1. HOME MORTGAGE DISCLOSURE ACT (HMDA) REPORTER ID:

19 31 2 82 6 10 51 0 4 50

your RID with leading zeros; Provide your ten-digit Home Mortgage Disclosure Act (HMDA) Reporter ID (RID). The RID must be reported with leading zeros do not use so that the total number of digits is ten. Do not include dashes. (For example, the source number 12345 must be stated as dashses 0000012345.)

2, FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):

Provide your nine-digit Federal Employer Identification Number (FEIN). This number is also sometimes known as your Federal Tax Identification Number

Important: Report actual whole dollar amounts in Parts K. Your report may be deemed incomplete if you fail to use actual whole dollar amounts. (Example: \$7,000,012.53 must be stated as \$7,000,013.)

### K.TYPES OF LOANS CLOSED

### 1. FURTHER DETAILS OF FIRST LIEN LOANS CLOSED ON PROPERTIES IN NEW YORK

Provide details regarding first lien loans listed in Item H-2 of this VOOR Report (i.e., first lien loans closed on properties located in New York State). Provide a breakdown of those loans using the categories in the tables below.

### Table 1-A. Purchase/Refinance

	1270					
	Number of Loans	for New York State	Dollar Amoun	t of Loans for	New York St	ate
(i) Purchase			\$ <b>               </b>	群鄉職,	MWW.	
(ii) Refinance			s <b>es es es</b> .	E E	EE.	
(iii) Total (must equal the sum of [i] + [ii]; must also equal Total In Item H-2)			\$ 20 20 50.			
	(prici	le 1-B, Fixed Rate/Adj ng breakdown of tota ind refinance - report	el first lien loar	is - purchase	<b>?</b>	
	Number of Loans	for New York State	Dollar Amoun	t of Loans for	New York St	ate
(iv) Fixed Rate (do not include interest only			\$ <b>E E E E E E E E E E</b>	豐麗騰,		
(v) Adjustable Rate (do not include interest only loans)			\$ EM EM EM,			
(vi) Interest Only			s ####################################	羅羅團.	觀顯麗.	
(vii) Total (must equal the sum of [iv] + [v] + [vi]; must also equal Total in			\$ 25 E3 E3,			
	Table 1-C. To	erms of Adjustable R	ate Loans Rep	orted in Tab	le 1-B	
C WALL IN ALL COME AND A	Number of Loans	for New York State	Dollar Amoun	t of Loans for	New York St	ate
(viii) Adjustable Rate Loans with an initial fixed term of 36 months or lass			\$ EFE E2.	EBE.		<b>FI 60</b>
(ix) Adjustable Rate Loans with an initial fixed term of more than 36 months			\$ 麗麗蘭,			

### 2. PIGGYBACK JUNIOR LIEN LOANS CLOSED ON PROPERTIES IN NEW YORK STATE

Provide details regarding junior lien loans simultaneously originated with first liens reported in Item H-2 of this VOOR Report.

Number of Loans for New York State

Dollar Amount of Loans for New York State

Piggybacks

Important: Report actual whole dollar amounts in Part L. Your report may be deemed incomplete if you fail to use actual whole dollar amounts. (Example: \$7,000,012.53 must be stated as \$7,000,013.)

### L. SUBPRIME LOANS

(iv)

(vii)

### 1. FIRST LIEN SUBPRIME LOANS CLOSED ON PROPERTIES IN NEW YORK STATE

Provide details regarding first lien subprime loans closed on properties located in New York State. Provide a breakdown of those loans using the categories in the tables below. See instructions for definition of subprime loan,

	Table 1-A. Purchase/Refinance			
	Number of Loans for New York State	Dollar Amount of Loans for New York State		
(i) Purchase		\$ 图图图,整理图,整理图,紧接度		
(ii) Refinance		\$ \$4 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1		
(iii) Total (must equal the sum of [i] + [ii])		\$ 数据数,渐强度,温度感,别即成		
•	(pricing breakdown of total firs	ijustable Rate/Interest Only it lien subprime loans - purchase ted in Table 1-A, above)		
	Number of Loans for New York State	Dollar Amount of Loans for New York State		
) Fixed Rate (do not include interest only loans)	整響器. 繼續原	\$ 麗麗麗,麗麗麗,麗麗麗,黑麗麗		
(v) Adjustable Rate (do not include interest only loans)		\$整整额,整整额,翻译的,卷建物		
(vi) Interest Only		\$ 羅羅羅,羅羅羅,黑羅羅,		
) Total (must equal the sum of [lv] + [v] + [vi])		\$愚蠢舞,数蠢圈,寒霜醒,寒露醒		
	Table 1-C. Terms of Adjustable i	Rate Loans Reported in Table 1-B		
	Number of Loans for New York State	Dollar Amount of Loans for New York State		
(vill) Adjustable Rate Loans with an initial fixed term of 36 months or less		\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$		
(ix) Adjustable Rate Loans with an initial fixed term of more than 36 months		\$ <b>2003</b> , <b>2389</b> , <b>280</b>		

### 2. JUNIOR LIEN SUBPRIME LOANS CLOSED ON PROPERTIES IN NEW YORK STATE

Provide details regarding junior lien subprime loans closed on properties located in New York State. See instructions for definition of subprime loan.

Number of Loans for New York State

Dollar Amount of Loans for New York State

Junior Lien Subprime Loans

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### **AFFIDAVIT**

SUBMISSION OF THIS REPORT VIA THE INTERNET IS MADE POSSIBLE BY A PASSWORD THAT WAS GIVEN BY THE BANKING DEPARTMENT TO THE MAIN CONTACT OR ONE OF THE OWNERS OR PRINCIPAL OFFICERS OF THE LICENSED/REGISTERED ENTITY.

l,	Linda	Haltman	(full name), being the	President
			swear/affirm that I am an owner or one of Report via the Internet and that the inform	
		·	of my knowledge and belief.	

### PLEASE NOTE

ALL QUESTIONS MUST BE ANSWERED AS INSTRUCTED. INACCURATE OR INCOMPLETE REPORTING MAY RESULT IN REGULATORY ACTIONS INCLUDING THE LEVY OF A FINE PURSUANT TO SECTION 44-a OF THE NEW YORK BANKING LAW.

- Keep copies of this and all correspondence with the Banking Department.
- Only conduct regulated mortgage activities at licensed/registered locations.
- Request approval from the Superintendent before a change of control (Banking Law Section 594-b).
- · Communicate changes of ownership promptly in writing.
- Work only with licensed/registered/exempt entities,
- See the requirements for new branches and address changes at www.banking.state.ny.us/iambb.htm
- · Comply with all mortgage business laws and regulations.

www.banking.state.ny.us



### **VOOR - Confirmation Report**

Your 2009 VOOR has been submitted online successfully at 04:09 PM, March 15, 2010. Your confirmation number is B0007408.

Should you identify any inaccurate information, you will have one opportunity to make corrections online, through April 02, 2010. After that, if you need to revise the report, you must do so by mail.